BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS EU ED DADT I																				
CLAIMS AS FILED - PART I						mn 3)	SMALL ENTITY			OTHER THAN										
<u>,</u>	TAL CLAILE	<del>"</del>	(Column	17	(Colur	1111 2)		TYPE _		OR	SMALL									
TOTAL CLAIMS.			9					RATE	FEE		RATE	FEE								
FOR			NUMBER	FILED	NUMB.	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00								
TOTAL CHARGEABLE CLAIMS			// minus 20=		. 0			X\$ 9=		OR	X\$18=									
INDEPENDENT CLAIMS			2_mi	nus 3 =	. 0			X40=		OR	X80=									
MULTIPLE DEPENDENT CLAIM P			RESENT					.405	<u> </u>		1070									
*If the difference in column 1 is less than zero, enter					- "0" in ^	olumn 2	Ì	+135=		OR	+270=	016								
- 11	•		-	•				TOTAL		OR	TOTAL	710								
	С	•	MENDEL	MENDED - PART II (Column 2) (Column 3)				SMALL E	ENTITY	OTHER THAN OR SMALL ENTITY										
<u>t</u>		(Column 1)	•	(Colur		(Column 3)	١.			יי • • • • • • • • • • • • • • • • • • •										
ENT A	* *	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
MENDMENT	Total-	*	Minus	**		=		X\$ 9=		OR	X\$18=									
AME	Independent		Minus	***		=		X40=		OR	X80=									
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del>                                     </del>	1		<u> </u>								
	The state of the s			· ;			:	+135=		OR	+270=	<u> </u>								
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE									
;	! 	(Column 1)		(Colu	<u>mn 2</u> )	(Column 3)	•													
AMENDMENT_B		CLAIMS REMAINING AFTER AMENDMENT		. HIGH	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
MOM	Total	• 10 grant 1 g	Minus	**		=		X\$ 9=		OR	X\$18=	ļ								
ME	Independent		Minus	***		=		X40=		OR	X80=									
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										<b>-</b>	<del>                                     </del>								
	Company of the Company		-					+135=		OR	+270=									
•							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE									
		(Column 1)	•	(Colur		(Column 3)	1													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=									
	Independent	•	Minus	***		=	1	X40≃		OR	X80=	<b> </b>								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		۱ <b> </b>				<u> </u>	<del> </del>								
	f the enterior - 1		+135=		OR	+270=														
**			TÖTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE														
									** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											